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RSV Vaccines for Adults Aged ≥ 60 Years

Summary

Respiratory syncytial virus (RSV) causes seasonal epidemics of respiratory illness nationally. Most people recover in a week or two, but some develop more severe disease -- especially infants and older adults.¹ Each year, roughly 60,000–160,000 older adults in the United States are hospitalized and 6,000–10,000 adults die due to RSV infection.² Fortunately, two new RSV vaccines are now licensed for use in adults aged ≥ 60 years in the United States: RSVPreF3 (Arexvy, GSK) and RSVpreF (Abrysvo, Pfizer). In June 2023, the Advisory Committee on Immunization Practices (ACIP) voted to recommend that adults aged ≥ 60 years may receive a single dose of either vaccine.³

Recommendations

- Clinicians may offer one dose of an RSV vaccine with shared clinical decision-making to adults aged ≥ 60 years.³
- Clinicians should consider the patient's risk for severe RSV disease. Adults at higher risk for severe RSV disease include those with immunocompromise or certain chronic diseases, residents of nursing homes and other long-term care facilities, and those who are aged ≥ 70 years.³
- Clinicians should offer RSV vaccination as soon as supply is available and continue to offer vaccination to eligible unvaccinated adults.³
- Either available adult RSV vaccine may be used in adults aged ≥ 60 years.³
- RSV vaccine may be coadministered with other adult vaccines during the same visit.⁴

Shared Clinical Decision-Making

The recommendation for shared clinical decision-making allows flexibility for clinicians and patients to consider individual risk for RSV disease, while taking into account patient preferences. This differs from age-based vaccination recommendations where everyone is recommended to get vaccinated. As part of this discussion, clinicians and patients should consider the patient's risk for severe RSV disease. Persons aged ≥ 60 years who are at highest risk for severe RSV disease and who might be most likely to benefit from vaccination include those with chronic medical conditions, such as chronic lung or cardiovascular diseases, immunocompromise, hematologic disorders, endocrine disorders, neurologic disorders, kidney and liver disorders, residents of nursing homes and other long-term care facilities, persons who are frail, and those aged ≥ 70 years.³

Vaccination Efficacy and Safety³

Efficacy estimates are similar for both vaccines. Clinical trials used different criteria for lower respiratory tract disease (LRTD). During the first RSV season post vaccination, one dose of RSVPreF3 (Arexvy, GSK) resulted in an 83% decrease in symptomatic, laboratory-confirmed RSV-associated LRTD in a trial with >24,000 participants aged ≥ 60 years, and one dose of RSVpreF (Abrysvo, Pfizer) resulted in an 89% decrease in symptomatic, laboratory-confirmed RSV-associated LRTD in a trial with >36,000 participants aged ≥ 60 years.

Both vaccines were generally well tolerated.² Both trials found a similar frequency of serious adverse events among the intervention and the placebo groups (4%). In trials of both vaccines, inflammatory neurologic events such as Guillain-Barré syndrome were reported in six participants. Whether these events occurred due to chance, or whether RSV vaccination increases the risk for inflammatory neurologic events is currently unknown. There was also a numerical imbalance in

new or recurring atrial fibrillation among vaccine recipients compared with the control group.

Vaccination Timing

Ideally, vaccination should occur before the RSV season, which is typically October through March. For the upcoming season, vaccination should be offered as soon as supplies are available. RSV seasonality was disrupted by the COVID-19 pandemic and has not returned to pre-pandemic patterns.⁵ During 2012–2018, the Alaska RSV season occurred later than the rest of the nation (December through May).⁶ During 2022–2023, the RSV season began earlier than usual in the United States (including Alaska).⁵

Coadministration

RSV vaccines can be given simultaneously with other adult vaccines such as influenza vaccines, COVID-19 vaccines, pneumococcal, Td/Tdap, and recombinant zoster vaccine.⁴

Precautions and Contraindications

Moderate or severe acute illness with or without fever is a precaution to vaccination.⁷ Adults with a minor acute illness, such as a cold, can receive RSV vaccination. RSV vaccines are contraindicated for persons with a history of severe allergic reaction to any component of the vaccine. RSVPreF3 components include recombinant RSV proteins, tromethamine (a buffer), sucrose (sugar), mannitol (a sugar alcohol), polysorbate (a common food ingredient), and sodium chloride. RSVpreF components include recombinant RSV proteins, liposome adjuvants, phosphate buffers, and sodium chloride.

Vaccine Availability

Pharmacies, clinics, and other facilities may offer RSV vaccines for adults. Many pharmacies in Alaska have adult RSV vaccines available. Both RSV vaccines approved by the FDA will be available to Alaskans through the Alaska Vaccine Assessment Program (AVAP) and via private purchase by health care providers. AVAP is an assessment program that facilitates the purchase of vaccines for eligible adults and children in Alaska through payments from insurance companies and assessable entities. For participating providers, the vaccine is available to patients at no cost, although an office visit fee may be charged. Some AVAP clinics also vaccinate uninsured adults.

Pediatric RSV Prevention

Nirsevimab, a monoclonal antibody, was approved for use in preventing RSV among infants in August 2023.⁶ Additionally, RSVpreF is currently FDA-approved for use during pregnancy. ACIP recommendations for RSVpreF during pregnancy (to help protect infants aged ≤ 6 months from RSV) are expected soon.

References

1. Nam H, Ison M. Respiratory syncytial virus infection in adults. *BMJ* 2019;266:I5021. Available at: <https://www.bmj.com/content/366/bmj.I5021.long>
2. CDC. RSV in Older Adults and Adults with Chronic Medical Conditions. Available at: <https://www.cdc.gov/rsv/high-risk/older-adults.html>
3. CDC. Use of Respiratory Syncytial Virus Vaccines in Older Adults: Recommendations of the ACIP—United States, 2023. *MMWR* 2023;72(29):793–801. Available at: <https://www.cdc.gov/mmwr/volumes/72/wr/mm7229a4.htm>
4. CDC. ACIP Timing and Spacing of Immunobiologics. Updated August 1, 2023. Available at: <https://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/timing.html>
5. Hamid S, et al. Seasonality of Respiratory Syncytial Virus—United States, 2017–2023. *MMWR* 2023;72(14):355–61. Available at: <https://www.cdc.gov/mmwr/volumes/72/wr/mm7214a1.htm>
6. SOE Bulletin “Update on Nirsevimab for RSV Prevention During the 2023–24 RSV Season.” No. 14. September 11, 2023.
7. CDC. ACIP Contraindications Guidelines for Immunization. Updated August 1, 2023. Available at: <https://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/contraindications.html>